

West Virginia Board of Medicine Quarterly Newsletter

REMINDER:

Relevant statutory provisions on child abuse and neglect reporting

§49-6A-2. Persons mandated to report suspected abuse and neglect.

When any medical....professional has reasonable cause to suspect that a child is neglected or abused or observes the child being subjected to conditions that are likely to result in abuse or neglect, such person shall immediately, and not more than forty-eight hours after suspecting this abuse, report the circumstances or cause a report to be made to the state department of human services: Provided, That in any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall also immediately report, or cause a report to be made, to the division of public safety and any law-enforcement agency having jurisdiction to investigate the complaint: Provided, however, That any person required to report under this article who is a member of the staff of a public or private institution, school, facility or agency shall immediately notify the person in charge of such institution, school, facility or agency, or a designated agent thereof, who shall report or cause a report to be made. However, nothing in this article is intended to prevent individuals from reporting on their own behalf....

§49-6A-3. Mandatory reporting to medical examiner or coroner; postmortem investigation.

Any person or official who is required under section two [§49-6A-2] of this article to report cases of suspected child abuse or neglect and who has reasonable cause to suspect that a child has died as a result of child abuse or neglect, shall report that fact to the appropriate medical examiner or coroner. Upon the receipt of such a report, the medical examiner or coroner shall cause an investigation to be made and report his findings to the police, the appropriate prosecuting attorney, the local child protective service agency and, if the institution making a report is a hospital, to the hospital.

§49-6A-4 Photographs and X rays.

Any person required to report cases of children suspected of being abused and neglected may take or cause to be taken, at public expense, photographs of the areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child. Any photographs or X rays taken shall be sent to the appropriate child protective service as soon as possible.

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§49-6A-5 Reporting procedures.

Reports of child abuse and neglect pursuant to this article shall be made immediately by telephone to the local state department child protective service agency and shall be followed by a written report within forty-eight hours if so requested by the receiving agency. The state department shall establish and maintain a twenty-four hour, seven-day-a-week telephone number to receive such calls reporting suspected or known child abuse or neglect....All reports under this article shall be confidential....

§49-6A-6 Immunity from liability.

Any person, official or institution participating in good faith in any act permitted or required by this article shall be immune from any civil or criminal liability that otherwise might result by reason of such action...

§49-6A-8 Failure to report; penalty.

Any person, official or institution required by this article to report a case involving a child known or suspected to be abused or neglected....who knowingly fails to do so or knowingly prevents another person acting reasonably from doing so, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be confined in the county jail not more than ten days or fined not more than one hundred dollars, or both.

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Board Member Profile

Board Vice President Carmen Rebecca Rexrode, M.D.

Dr. Rexrode was first appointed to the Board of Medicine in 1996 by Governor Gaston Caperton, then re-appointed by Governor Cecil Underwood in 2000. She is Vice-President of the Board and a member of the Complaint Committee and Physician Assistant Committee.

Dr. Rexrode was born in Harrisonburg, Virginia, graduated Cum Laude from Harvard University, Cambridge, Massachusetts (where her senior thesis was entitled “Take Moonshine According To Age: Healing in Pendleton County, West Virginia, 1900 – 1940”), and from the West Virginia University School of Medicine in 1988. Dr. Rexrode’s residency was at the Medical College of Virginia, Blackstone Family Practice Center. She is a family practitioner, re-certified in 2003 by the American Board of Family Practice, and is a member of the American Academy of Family Practice as well as the West Virginia Chapter, American Academy of Family Practice and the South Branch Medical Association. Licensed to practice medicine in Virginia as well as West Virginia, Dr. Rexrode practices medicine at the Love Memorial Clinic in Moorefield, West Virginia.

Dr. Rexrode is the Medical Director of the Fraley Ambulance Service in Moorefield and is the author of “Selected Topics in Respiratory Disease” in Taylor, Family Medicine: Principles and Practice, Fourth Edition 1993, and “The Leukemias” in Taylor, Manual of Family Medicine, 2001. Dr. Rexrode is active in community affairs and is a member of the Ladies Auxiliary of VFW Post 9606 and the American Legion Auxiliary Post 64.

She and her husband, who is a surveyor and farmer, are the parents of twin sons, Joseph and Simon, who are 2½.

Staff of the West Virginia Board of Medicine (304) 558-2921		
Ext #		
227	Ronald D. Walton, M.A.	Executive Director
214	Deborah Lewis Rodecker, J.D.	Counsel
215	John A. W. Lohmann, J.D., M.B.A.	Prosecutor/Complaint Committee Counsel
212	M. Ellen Briggs	Administrative Assistant to the Executive Director
222	Leslie A. Higginbotham	Paralegal and Investigator
216	Lynn Hill	Information Systems Coordinator
210	Charlotte A. Jewell	Receptionist/Physician Assistant Coordinator
221	Crystal Lowe	Licensure Analyst
224	Sheree Melin	Verification Coordinator
211	Janie Pote	Administrative Assistant to Legal Department
220	Deb Scott	Fiscal Officer
213	Teri Wolfe	Complaints Coordinator



BOARD ACTIONS
July 2003 - September 2003



BYRD, JOHN WILLIAM, M.D. – Charleston, WV (08/21/03)

WV License No. 09100

Board Conclusion: Relating to the inability to practice medicine with reasonable skill and safety due to physical or mental disability or alcohol or chemical dependency; relating to unprofessional and unethical conduct and acts contrary to honesty, justice, or good morals; and relating to violating a law or rule of the Board.

Board Action: PUBLICLY REPRIMANDED, and Dr. Byrd's license to practice medicine in the State of West Virginia is SUSPENDED effective August 21, 2003. Said suspension is STAYED, pursuant to conditions ordered by the Board.

GHODASARA, DILIPKUMAR P., M.D. – Charleston, WV (09/05/03)

WV License No. 18267

Board Conclusion: Relating to unprofessional and unethical conduct and conduct which has the effect of bringing the medical profession into disrepute.

Board Action: PUBLICLY REPRIMANDED for his actions which led to his conviction of misdemeanor shoplifting in the Moundsville Municipal Court.

NGUYEN, THOMAS ANH, M.D. – Marion, OH (07/14/03)

WV License No. 20026

Board Conclusion: Found guilty by a court of competent jurisdiction of fourteen (14) felonies involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under State law in Ohio for other than generally accepted therapeutic purposes.

Board Action: The suspended license to practice medicine and surgery of Dr. Nguyen, issued by the Board in 1999, was REVOKED effective July 18, 2003.

RICE, JOHN F., P.A.-C. – Buckhannon, WV (07/28/03)

WV License No. 678

Board Conclusion: Alleging failure to comply with provisions of West Virginia Code §30-3-1, *et seq.* and unprofessional conduct.

Board Action: PUBLICLY REPRIMANDED for providing a false answer on his renewal form submitted to the Board in February, 2003. Mr. Rice's practice as a physician assistant shall occur in a PROBATIONARY status for a two (2) year period effective upon his reinstatement as a practicing physician assistant.

SELVARAJ, VICTOR, M.D. – Charleston, WV (09/24/03)

WV License No. 11067

Board Conclusion: Relating to the inability to practice medicine and surgery with reasonable skill and safety due to physical impairment.

Board Action: Effective September 25, 2003, the license to practice medicine and surgery of Dr. Selvaraj is subjected to conditions and limitations.

SHOR, STEVEN JOHN, M.D. – Amherst, OH (08/05/03)

WV License No. 21292

Board Conclusion: Relating to having a license to practice medicine acted upon by another State.

Board Action: Dr. Shor, having met the requirements for licensure in the State of West Virginia, was licensed to practice medicine in the State of West Virginia effective August 1, 2003, in a PROBATIONARY status for a minimum period of two (2) years, and until such time as he has completed and satisfied the Consent Order ratified by the State Medical Board of Ohio on April 4, 2003.

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SINGH, PARAMJIT, M.D. – East Liverpool, OH (07/14/03)

WV License No. 17566

Board Conclusion: Found guilty by a court of competent jurisdiction of a felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing a controlled substance under State or Federal law for other than generally accepted therapeutic purposes.

Board Action: The suspended license to practice medicine and surgery of Dr. Singh, issued by the Board in 1993, was REVOKED effective July 18, 2003.

DISMISSAL

MENA, ASHRAF MENA KAMEL, M.D. – Princeton, WV (09/09/03)

WV License No. 19793

Board Action: Complaint filed by the Board against Dr. Mena in November, 2002, was dismissed.

Assessment Update

In the January 2003-March 2003 Newsletter, we reported that the Legislature had enacted a law requiring physicians to pay a \$1000 one-time assessment to fund a Board of Risk and Insurance Management Physicians' Mutual Insurance Company account for the company's use as initial capital and surplus. We reported that the assessment would be on July 1, 2003, and that there were five categories of exemptions from the assessment.

When the assessment was made on July 1, 2003, the Board of Medicine office was bombarded with telephone calls from furious, bewildered physicians who are not practicing medicine in West Virginia, or who are retired but still holding a license, or whose licenses are in an inactive status, who couldn't believe there wasn't some other "loophole" besides the five exemptions. We had questions about whether the Board would accept installment payments or credit cards, why shares in the mutual insurance company were not being provided to physicians who paid the assessment, questions about when the deadline for the payment was, when a second notice by the Board would be sent, what would happen if no payment was made, and why no notice of the assessment had been provided prior to July 1, 2003—this from people who don't read the newsletter and who advised us that they couldn't be expected to read it. There were physicians who aren't practicing at the moment who wanted an exemption, physicians in residency programs out-of-state who wanted an exemption, state employee physicians who wanted an exemption, part-time faculty members who wanted an exemption, and physicians who had been faculty members in the past who wanted an exemption. (The Board of Medicine couldn't grant additional exemptions. The Board's role in this project was that of collection agent.) Angry letters were also received at the Board offices from physicians who stated that they were not going to pay the assessment.

As the responses to the assessment notice came in, we noted that several people simply invented an exemption of their own, and some people claimed exemptions to which it didn't appear they were entitled. On July 1, 2003, a total of 5,746 assessment notices were sent out, and by September 30, 2003, more than 2,300 \$1000 checks had been received and turned over to the Board of Risk and Insurance Management. Over 800 physicians claimed exemptions from the assessment. More than 160 physicians surrendered their medical licenses in an attempt to avoid paying the \$1000 assessment, and more than 2,400 physicians haven't been heard from at all.

REMINDER
TOLL FREE NUMBER FOR CONSUMER COMPLAINTS

The Board has a toll free number for callers within West Virginia who have consumer complaints against an M.D., D.P.M., or P.A.-C. The toll free number is (877)867-6411. For all matters other than complaints, the Board's main number, (304)558-2921, must be used.

CHANGE OF ADDRESS FORM

WV License No: _____

Date of Change: _____

Name of Licensee: _____

PLEASE CHECK ONLY ONE PREFERRED MAILING ADDRESS:

(The preferred mailing address is the licensee's address of record, which is public information.)

(Note that telephone numbers are not considered public information.)

() Principal Office or Work Location *ONLY CHECK ONE* () Home Address

Telephone: _____

Telephone: _____

Signature: _____

Date: _____

Original Signature of Licensee is Required



Mail completed form(s) to:

West Virginia Board of Medicine
 101 Dee Drive, Suite 103 • Charleston, WV 25311

Fax copies not accepted.

By law, you must keep this office apprised of any and all address changes.

Board Opinion on Physicians Accepting Loans from Patients

In response to an inquiry, the Board has adopted the following opinion on physicians accepting loans from patients:

It is probable that it is a violation of medical ethics for a physician to accept loans of money from a patient and to permit the patient to forgive repayment, and to accept loans of money with knowledge that the debt will be forgiven pursuant to the will of the patient.

In the AMA Code of Ethics, Principle VIII is that "A physician shall, while caring for a patient, regard responsibility to the patient as paramount." The existence of a lender-debtor relationship introduces elements which distract from that paramount responsibility. Further, Opinion 10.015. The Patient-Physician Relationship, states in pertinent part that ... "The relationship between patient and physician is based on trust and gives rise to physicians' ethical obligations to place patients' welfare above their own self interest ... Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount." The existence of a lender-debtor relationship conflicts with this ethical obligation, particularly where a large loan will be forgiven upon death. The existence of the loan and the will forgiving it may also raise questions about the patient's death even where there may be no legitimate medical question.

Physician Assistant Continuing Education Rule Change Now Law

Every two (2) years, physician assistants now must acquire a minimum of fifty (50) hours of continuing education designated as Category I by either the American Medical Association, the American Academy of Physician Assistants or the Academy of Family Physicians. The former Rule required a minimum of forty (40) hours of Category I continuing education and sixty (60) hours of Category II continuing education. Now the Rule requires fifty (50) hours of Category II continuing education. The changes became effective on August 1, 2003, in the Rule 11 CSR 1B.

Revised Board of Pharmacy Rule on Controlled Substance Monitoring Now Law

In the October-December, 2002, Newsletter we printed an informational Notice from the Board of Pharmacy about a controlled substance monitoring law which the Board of Pharmacy had in place on a temporary basis and was asking the Legislature to enact on a more permanent basis. The Legislature in a Special Legislative Session changed some aspects of the rule, most significantly language requiring certain changes in controlled substance prescriptions was revised to recommending certain changes in controlled substance prescriptions. Any questions about the final rule now in place (15 CSR 8 section 5.) on this subject should be directed to the Board of Pharmacy at (304)558-0558.

**WEST VIRGINIA BOARD OF MEDICINE
2003 MEETING**

November 10

LICENSURE STATISTICS

As of September 30, 2003, the number of medical doctors with a licensure status of active was 5,121. Of that 5,121, there are 3,520 active and practicing within the State of West Virginia. There were also 637 licensed in an inactive status.

The number of actively licensed podiatrists in the State is 107, with 17 registered as inactive. Of those 107 active podiatrists, there are 72 practicing within West Virginia.

The State has a total of 420 active physician assistants registered with the Board.

WV Board of Medicine



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www.wvdhhr.org/wvbom
Our website is under construction.
Watch for updates and changes.

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